

Revision: HCFA-PH-87-4 (BERC)
MARCH 1987

Transmittal #89-8
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OMB No.: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Oregon

CASE MANAGEMENT SERVICES

A. Target Group: See attachment.

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services: See attachment.

E. Qualification of Providers: See attachment.

TN No. 89-8
Supersedes
TN No. 87-15

Approval Date 6/2/89

Effective Date 7/1/89

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State/Territory: OREGON

F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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CASE MANAGEMENT SERVICES

Section 1915(g) of the Social Security Act is the authority for this amendment.

Target Group (Section A of Supplement 1, State Plan Preprint)

Targeted case management services are provided to eligible Medicaid recipients who have a developmental disability. Developmental disability is a disability attributable to mental retardation, autism, cerebral palsy, epilepsy, or other neurological handicapping condition which requires training similar to that required by persons with mental retardation, and the disability:

- (a) Originates before the person attains the age of 22 years, except that in the case of mental retardation the condition must be manifested before the age of 18;
- (b) Has continued, or can be expected to continue, indefinitely; and
- (c) Constitutes a substantial handicap to the ability of the individual to function in society.

Targeted case management services are provided to all persons with a developmental disability or those who are waiting for a determination of eligibility who apply for service.

Definition of Service (Section D of Supplement 1, State Plan Preprint)

The purpose of case management is to access, coordinate and assure the delivery of services and supports required by individuals with developmental disabilities. Case management will assist eligible individuals under the plan in gaining access to needed medical, social, educational and other services. Services include: (1) determination of appropriateness and need for developmental disabilities services; (2) evaluation of individual needs; (3) re-evaluation of individual needs; (4) development of an individual service plan; (5) monitoring of the individual service plan; (6) assisting the individual in obtaining needed services; (7) assisting the individual in accessing crisis services; (8) coordination of protective services; investigation and documentation of complaints; (9) coordination of services with other agencies who are involved with the individual (i.e., Adult and Family Services, Children's Services Division, Vocational Rehabilitation Division, Senior Services Division, Social Security Administration, Veteran's Administration, Department of Education, et cetera).

Targeted case management services will not duplicate any other Medicaid service provided under the State plan or under a waiver. Medicaid will be the payor of last resort.

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Payment will not be made for services for which another payor is liable, or for services for which no payment liability is incurred. Separate payment will not be made for case management type services which are an integral and inseparable part of another Medicaid service.

Referral for Medicaid services will be considered a component of case management services, but the actual provision of the service will not constitute case management. Referral and arrangements for treatment will be considered a case management service, but the actual treatment will not.

Case management-type activities necessary for the proper and efficient administration of the State plan will not be considered components of case management services. These activities are as follows: (1) Medicaid preadmission screening, (2) prior authorization for Medicaid services, (3) institutional discharge planning, (4) client outreach.

Qualifications of Providers (Section E of Supplement 1, State Plan Preprint)

Section 1915(g)(1) of the Act was amended by OBRA 87 to allow states to limit case managers who may provide case management services for eligible individuals with developmental disabilities. The purpose was to make certain that case managers for such individuals are capable of ensuring that the individuals receive the full range of services they need. Oregon has developed qualification criteria which will limit case managers to those who meet the standards described below.

Case managers employed after July 1, 1989 will have a minimum of an undergraduate degree in a human services field, and one year experience in the field of developmental disabilities. The state may grant waivers for individuals with five or more years work experience and training in the field of developmental disabilities.

As of July 1, 1989, when newly employed, case managers shall participate in an initial basic training sequence. The training materials will be provided by the State and the provision of training may be conducted by the Mental Health Division or community Mental Health Program depending on available resources. For counties who do not have local training resources, the Mental Health Division will offer basic inservice training. This training will not be a substitute for the normal procedural orientation that would occur for a new employee during the first 90 days of a case manager's employment.

Each case manager shall be required to participate in a minimum of 20 hours per year of advanced training in the area of developmental disabilities. The Community Mental Health Program will show, in their annual plan, how they anticipate fulfilling this requirement.

The Community Mental Health Program will document attendance at required training in each employee's personnel file.

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Definitions and Explanation

A case manager is an employee of a Community Mental Health Program or other agency contracted by the County or Mental Health Division and designated to plan, coordinate, and monitor services and advocate for persons with developmental disabilities.

A Community Mental Health Program is an organization of services for persons with mental or emotional disturbances, drug abuse problems, developmental disabilities, and alcoholism and alcohol abuse problems, operated by, or contractually affiliated with, a local mental health authority, operated in a specific geographic area of the State.

A local mental health authority must be the county court or board of commissioners of one or more counties who operate a community mental health program, or if the county declines to operate or contract for all or part of a community mental health program, the board of directors of a public or private corporation.

Case management services will be provided statewide by local community mental health authorities, or public or private corporations under contract with the Oregon Mental Health Division.

Additional Assurances (Section F of Supplement 1, State Plan Preprint)

Any person or entity meeting State standards for the provision of case management services who wishes to become a Medicaid provider of those services will be given the opportunity to do so. Case management services will not be used to restrict the access of the individual to other services available under the State plan.

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CASE MANAGEMENT SERVICES

Section 1915(g) of the Social Security Act is the authority for this amendment.

Target Group: (Section A of Supplement 1 State Plan Preprint)

Medicaid eligible parents age 14 and over who receive Aid to Families with Dependent Children (AFDC) benefits.

Definition of Services: (Section D of Supplement 1, State Plan Preprint)

Case management services are those covered services needed by the target group to identify barriers to self-sufficiency, identify the medical, social, educational and other services necessary to remove those barriers, and facilitate access to those services. Case management includes screening and assessment, plan development, referrals to service provider, evaluation of the appropriateness of the training, service coordination, monitoring of the client and problem resolution.

1. **Screening and Assessment:** The case manager gathers information to identify the client's strengths, interests, vocational aptitudes and any services needed to remove barriers to self-sufficiency. It includes collecting information, testing abilities and aptitudes, evaluating the tests, informal observations and information from service providers. Assessment first occurs at intake and is an ongoing, continuous collection of information to evaluate the effectiveness of support services and monitor the client's progress.
2. **Case Plan Development:** The case manager develops a case plan, consisting of a written outline of employment and training goals for a client to attain self-sufficiency. A plan may include activities to prepare the client for employment, services to remove barriers to employment, training and job search. The plan also includes which support service payments will be needed.
3. **Referrals to Service Providers:** The case manager will send clients to service providers for medical, social, educational and other services.
4. **Evaluation of Appropriateness of Training:** The case manager evaluates the appropriateness of training offered by a services provider. The training must meet the

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needs of the client as specified in the case plan.

5. **Service Coordination:** The case manager will coordinate the delivery of services to the client by the service provider and assist the client in getting the needed services.
6. **Monitoring of the Client:** The case manager will monitor the client's success in completing the activities called for in the case plan.
7. **Problem Resolution:** The case manager will resolve problems between the client and the service provider.

Qualification of Providers: (Section E of Supplement 1, State Plan Preprint)

Case management providers must be certified by the Oregon Medicaid Single State Agency as qualified to provide case management services to this target group. The criteria for qualifying as a provider are as follows:

1. **Provider Organizations:**

Demonstrated ability to provide all core elements of Case Management through at least three years of prior experience.

Demonstrated ability to coordinate and link community resources required through at least three years of prior experience.

At least three years experience with the target group.

Sufficient staff and/or agreements with community organizations to have the administrative capacity to ensure quality of services in accordance with state and federal requirements.

Financial management system which provides documentation of services and costs.

Capacity to document and maintain individual case records in accordance with state and federal requirements.

Demonstrated ability to assure referrals consistent with section 1902(a)(23), freedom of choice of providers.

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Ability to provide linkage with other case managers to avoid duplication of Case Management services.

Ability to determine that the client is included in the target group.

Ability to access systems to track the provision of services to the client.

2. Qualifications of Case Managers:

Completion of training in case management curriculum.

Basic knowledge of behavior management techniques.

Skill in interviewing to gather data and complete needs assessment, in preparation of narratives/reports, in development of service plans, and in individual and group communication.

Knowledge of state and federal requirements related to the teen parents/JOBS program.

Ability to use community resources.

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CASE MANAGEMENT SERVICES

Section 1915(g) of the Social Security Act is Authority for this Amendment.

Target Group (Section A of Supplement 1, State Plan Preprint)

Targeted case management services are provided to all Medicaid eligible recipients under age 21 and who are currently residing **in an in-home setting**, a foster home, group home, residential care facility, or independent living situation ~~the financially supported through~~ **under the responsibility of the State Office for Services to Children and Families (SOSCF) and or the Oregon Youth Authority (OYA).**

Definition of Services (Section D of Supplement, State Plan Preprint)

Case management services are those services which include:

1. Assessment

~~After the need for targeted case management services has been determined, client had been placed in substitute care and is determined in need of targeted case management services;~~ the case manager assesses the specific areas of concern, family strengths and resources, community resources and extended family resources available to resolve those identified issues. At assessment, the case manager makes preliminary decisions about needed medical, social, educational, or other services and level of agency intervention.

2. Case Planning

The case manager develops a case plan, in conjunction with the client and family, to identify the goals and objectives which are designed to resolve the issues of concern identified through the assessment process. Case planning includes setting of activities to be completed by the case manager, the family and client. This activity will include accessing medical, social, educational, and other services to meet the client's needs.

3. Case Plan Implementation

The case manager will link the client and family with appropriate agencies and medical, social, educational or other services through calling or visiting these resources. The case manager will facilitate implementation of agreed-upon services through assisting the client and family to access them and through assuring the clients and providers fully understand how these services support the agreed-upon case plan.

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4. **Case Plan Coordination**
After these linkages have been completed, the case manager will ascertain, on an ongoing basis, whether or not the medical, social, educational, or other services have been accessed as agreed, and the level of involvement of the client and family. Coordination activities include, but are not limited to, personal, mail and telephone contacts with providers, and well as meetings with the client and family to assure that services are being provided and used as agreed.
5. **Case Plan Reassessment**
The case manager will determine whether or not medical, social, educational or other services continue to be adequate to meet the goals and objectives identified in the case plan. Reassessment decisions include those to continue, change or terminate those services. This may include assisting clients to access different medical, social, educational or other needed services beyond those already provided. Reassessment activities include, but are not limited to, staffings and mail, personal, and telephone contacts with involved parties.

Qualifications of Providers (Section E of Supplement 1, State Plan Preprint)

Provider Organizations

Case management provider organizations must be certified as meeting the following criteria:

- A. A minimum of three years experience of successful work with children and families, involving a demonstrated capacity to provide all core elements of case management, including Assessment, Case Planning, Case Plan Implementation, Case Plan Coordination, and Case Plan Reassessment.
- B. A minimum of three years case management experience in coordinating and linking community medical, social, educational or other resources as required by the target population.
- C. A minimum of three years experience working with the target population.
- D. Administrative capacity to ensure quality of services in